



Request for Proposals

Unstructured Data Analytics Solutions

RFP Posting: Tuesday, March 27, 2018

Deadline for Questions: Friday, May 18, 2018, 3 p.m. Eastern Time

Submission Deadline: Friday, May 25, 2018, 3 p.m. Eastern Time

Estimated Award Decision/Notification: August 2018

Allegheny County Department of Human Services
One Smithfield Street
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Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP:

1. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services.
2. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania.
3. Allegheny Link: The entity that runs Allegheny County's homelessness services coordinated entry system.
4. Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement.
5. DAL: Director's Action Line, the staffed hotline, email, letter and walk-in service that individuals who have questions, concerns, comments or complaints may contact about any aspect of DHS.
6. DHS: [The Allegheny County] Department of Human Services.
7. HMIS: Homeless Management Information System, the electronic system used to collect client-level data on the provision of housing and services to homeless individuals and families as required by the U.S. Department of Housing and Urban Development (HUD).
8. KIDS: Key Information and Demographic System (KIDS), the electronic case record for clients of the Allegheny County child welfare office.
9. Natural Language Processing: The ability of a computer program to understand, retrieve and analyze the meaning of human language text.
10. Proposal: The response submitted to this RFP.
11. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP.
12. Response Form: The Word document in which Proposers respond to requested information about this RFP.
13. RFP: Request for Proposal.
14. Solution: A technology or group of technologies that proposes to meet the needs of a track as described in this RFP.
15. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services.
16. Synergy: The electronic case record for clients who have multisystem involvement.
17. Text Mining: The process of deriving and analyzing high-quality information from text.
18. Unstructured Data: Information that either does not have a pre-defined data model or is not organized in a pre-defined manner. Unstructured Data is typically text-heavy, but may contain data such as dates, numbers and facts as well. Examples include emails, case notes and assessment summaries.

The RFP at a Glance

Purpose

Allegheny County, on behalf of its Department of Human Services (DHS), anticipates that up to \$1 million will be available to design and implement analytic and technology Solutions to transform unstructured human service data into actionable information to:

- Enable caseworkers, supervisors and service providers to better serve clients
- Support quality improvement activities
- Inform management decision-making through better understanding of risks, needs and service experiences

To achieve these goals, we envision two distinct tracks:

1. Mining Information: The transformation of unstructured data into meaningful information (e.g., text mining, machine learning, coding, sentiment analysis, quasi-statistical or mixed-method analysis)
2. Developing Tools and Visualizations: The design and implementation of tools and visualizations for the effective use of these data to support case management, supervision and quality improvement.

Proposals may be submitted for one or both tracks as described in the RFP.

Award Details

DHS anticipates that up to \$1 million will be available for innovative analytic and technology Solutions for two tracks: 1) mining information; and/or 2) developing tools and visualizations. DHS expects to enter into one or more Agreements as a result of this RFP. DHS may enter into several different contractual arrangements based upon the Proposals received: one Agreement for each track; multiple Agreements for each track; or no Agreements for a track. The budget for each Agreement will depend on the Solutions proposed. We expect that Solutions may take one to three years to be fully implemented.

Who can apply

All entities, including but not limited to, education organizations, government entities, non-profit organizations, for-profit organizations, small businesses and individuals, are eligible to submit a Proposal in response to this RFP. Entities do not need to have an existing contract with Allegheny County but must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capability to provide the Contract Services.

Collaborative Proposals are encouraged but not required. Entities may participate in more than one collaborative Proposal. Proposers may submit a Proposal for one or both tracks.

What we don't want

We are not seeking partners to help with an isolated Natural Language Processing research project, but rather partners to develop a solution that would automate the mining of information from unstructured human service data across multiple systems and allow for the use of the information in such a way that it can be integrated into DHS's existing IT infrastructure.

What's important to us

DHS is seeking Solutions that:

- Leverage the latest natural language processing techniques
- Create meaningful and accurate information from unstructured data
- Assist (manual) or perform (automated) qualitative analysis, such as sentiment analysis
- Present easy-to-interpret information and visualizations, both at the case level and aggregated across cases and systems
- Are flexible, adaptable and scalable as our needs change over time
- Are user-friendly
- Are broad enough to encompass all or multiple human services (e.g., child welfare, homeless and housing services, aging, behavioral health, intellectual disability)

Proposers should help us understand the strengths and limitations of their proposed Solutions and offer modifications or workarounds to address limitations.

Timeline

Deadline for Proposers to submit questions about this RFP is 3 p.m. Eastern Time on Friday, May 18, 2018.

Proposals must be submitted by 3 p.m. Eastern Time on Friday, May 25, 2018.

Proposers will be notified of the County's decision to award an Agreement by August 2018.

Who we are

DHS is the issuing office for this RFP on behalf of Allegheny County.

DHS is the largest department of Allegheny County government and provides a wide range of publicly funded services to more than 200,000 people annually. Services include those for older adults; mental health services (includes 24-hour crisis counseling); drug and alcohol services; child protective services; at-risk child development and education; emergency shelters and housing for the homeless; non-emergency medical transportation; and services for individuals with a diagnosis of intellectual disability.

While some services (e.g., child welfare case management, advocacy services to individuals age 60 and over, information and referral services, involuntary commitments) are provided directly by DHS staff, many (e.g., foster care, senior centers, housing, behavioral health treatment) are provided by DHS's network of more than 300 contracted service providers. DHS funds these provider agencies to provide specific services and is responsible for programmatic and fiscal monitoring.

DHS services are funded through a combination of federal, state and county sources, as well as private funding from a number of local and national foundations. Many services are governed by regulatory and statutory guidelines; others are delivered based on assessed needs and best practices. County residents access services in a number of ways. Whereas most services are voluntary, in certain situations (e.g., child protective services and involuntary mental health commitment) service involvement is not a choice.

More information about DHS is available at <http://www.alleghenycounty.us/human-services/index.aspx>

Section 1: Why We Are Issuing this RFP

DHS strives to be a national leader in using data to coordinate care and support worker and management decision-making; however, until now, we've relied almost exclusively on structured administrative data, that is, data collected in an information system, typically as part of a drop-down selection choice, or data provided in billing records. These administrative data are critical to answering many questions but, to get a complete picture, need to be considered in the context of unstructured data (i.e., information included in DHS's case notes, visitation summaries, contacts, etc., that is important to the case but not accessed through structured administrative data). This information formerly existed in the form of paper notes kept in physical binders that tracked the chronology of our experience with clients with long services histories. To understand what had been happening, for example, in the year that a child experienced a foster care placement, a caseworker would have to read through an entire binder of information. Today, all of that history is in our electronic information systems but it remains a challenge to review; we don't currently have a way to mine, analyze and present that meaningful information. Redacted samples of service records, referral snapshots, investigation summaries and standardized assessments are provided in Appendix B as examples of the kind of unstructured data available.

Extracting structured knowledge from text and notes will allow for the acquisition of even richer data about our clients and their service use. These unstructured data are particularly helpful to understanding the overall sentiment of a case, whether interactions are increasingly positive or negative, how circumstances change, and/or the degree to which risks and challenges for people/families are increasing or decreasing. In the past, these data were too difficult to harvest and interpret and thus have been left virtually unused in case planning, supervision and quality assurance models. However, advances in natural language processing has made all of these uses a reality. The following hypothetical case examples illustrate the point.

Case Management Example:

- A child welfare case is transferred to a new caseworker who reviews all available information to prepare for her work with the family. A sentiment analysis allows her to view changes in the family's status over time, which she can compare to factors that may be associated with those changes in status. For example, the analysis might show that the family status was generally positive during a six-month period, followed by a crisis and a less-positive status over the following four months. The caseworker sees that the maternal grandmother was living in the house during the six months when the family was doing well, and that the crisis coincided with her moving out of the home. This provides valuable insight into the family's needs and informs service planning decisions.

Supervision Example:

- A supervisor in the Homeless Services and Supports Coordination program quickly reviews all of her workers' cases to see if the analysis of the structured and unstructured data is indicating progress towards permanent housing. A sentiment analysis allows her to focus on the cases that need the most attention and qualitative summaries allow her to quickly understand the cases and staff to better support families.

Quality Improvement Examples:

- A client contacts the Allegheny Link for housing issues but, during the course of the conversation, indicates a recent mental health crisis. A note referencing that recent crisis is pulled into a tool built for quality assurance staff who initiate an integrated response (homelessness services and mental health services) to address the client's needs.
- A service coordinator for housing/homeless services documents in a case note that her client reported difficulty with a mental health provider. The client's service provider does not return calls and has missed three out of the last five scheduled appointments. A note referencing the provider's behavior is automatically mined and collated with other reports of client complaints about this provider; armed with this body of information, housing/homeless services staff meet with the provider to implement an action plan for improvement or contract termination.
- Using the search function, the quality improvement team identifies several child welfare cases in which there is some indication of intimate partner violence. Knowing that intimate partner violence is often associated with an unsafe environment for children, the team conducts a deeper review of these cases and institutes safety precautions for the child(ren) in the home.

In each of the previous examples, someone (caseworker, supervisor, provider, quality improvement staff) reacted to a need identified through unstructured data. A proposed Solution, however, may have a proactive function whereby it would flag certain words or phrases known to be associated with increased risk (e.g., paramour, overdose, housing instability, domestic violence) and send a note to the appropriate person or system.

Section 2: What We Are Looking For

DHS is seeking analytic and technology Solutions to mine, analyze and use unstructured data across all of our human services systems. We envision two tracks to this work:

1. Mining Information: The transformation of unstructured data into meaningful, structured data
2. Developing Tools and Visualizations: The design and implementation of front-end analytic tools and visualizations for caseworkers/supervisors, quality assurance staff and leadership to easily digest and incorporate this new information into policy and practice

Proposers may submit a Proposal for one or both of these tracks. DHS also welcomes Proposals for uses not listed above. Proposers may partner to provide more comprehensive Solutions.

2.1 Mining Information

DHS is seeking Successful Proposer(s) to transform unstructured data into meaningful information or structured data that can be accessed for analysis and visualizations (e.g., text mining, machine learning, coding, sentiment analysis, quasi-statistical or mixed-method analysis). Unstructured data may be found throughout DHS's data systems, including DHS's Key Information and Demographic System (KIDS), Homeless Management Information System (HMIS), Director's Action Line (DAL) information system, Allegheny Link information system and Synergy. A preliminary estimate of the scope of unstructured data indicates that there are almost six million records containing unstructured data across these various systems. Details about DHS's scope of unstructured data are available in Appendix A.

Through initial brainstorming, DHS identified the following types of information it would like to mine.

Information about clients and their circumstances:

- Substance use (general indicators of use and mentions of specific substances)
- Mental health issues (depression, anxiety, psychosis, etc.)
- Physical health issues
- Housing instability/homelessness
- Change in employment status
- Intimate partner violence
- Exposure to community violence
- Sexual abuse
- New household members or natural supports
- Educational performance (positive as well as issues with chronic absenteeism, school discipline, drop out)
- Recent stressful life events (e.g., pregnancy, death of a relative or close friend, relationship changes)
- Concerns or worries expressed by the client or other household members
- Motivating factors and hopes expressed by client

Information about overall sentiment of the case:

- Response to and nature of the interaction with the client (e.g., positive, negative, confrontational, resistant, cooperative)
- Degree to which risk and challenges for families are increasing or decreasing
- Degree to which the client and/or family is motivated to change and/or accomplish goals

DHS recognizes that these are the initial, intuitive categories of information to mine. We are seeking proposed approaches that will yield results that far exceed these baseline expectations.

We anticipate the following potential challenges:

- Case notes, contacts and other unstructured data often apply to families and households versus specific clients so it will be difficult to attribute information to named individuals and even their roles within a case (parent, child, etc.).
- The accuracy of information mining may rely heavily on trained coded data sets particularly during early stages of implementation. An ideal Solution would: 1) enable the integration of caseworker feedback and 2) provide training using other public data to inform and allow for continuous improvement of the model.
- Simply locating a relevant word or phrase in unstructured data may result in inaccurate information. For example, a case note may state that “no evidence of drug use” is present. A search for the words “drugs” or “drug use” would result in the mistaken impression that drug use is an issue in this case. An acceptable Solution must account for the context of the word or phrase and be able to respond to community events (e.g., natural disasters, sociopolitical events, opioid crisis) and group like data.

2.2 Developing Tools and Visualizations

DHS is seeking Successful Proposer(s) to design and implement front-end analytic tools and visualizations of the new data obtained through the Mining Information track. There are four primary audiences for this information: 1) DHS and provider front-line caseworkers; 2) DHS and provider supervisors; 3) DHS quality assurance staff; and 4) DHS leadership.

We seek Proposers with extensive knowledge and experience who can assist in identifying the most impactful use cases and develop tools to translate this new information into actionable insights.

Examples of potential use cases include:

- Products designed to help caseworkers and other staff better understand their cases.
- Visualizations that summarize critical information for a given case including chronological trends.
- Early warning indicators that identify elements and patterns within unstructured data that are associated with high probabilities of adverse events (e.g., placement disruption, substance use, mental health issues, homelessness, physical health issues).
- Searchable database for key terms that quality assurance staff can use for targeted case reviews and ongoing support to caseworkers.
- Proactive alerts that notify key staff of critical changes to the case.
- The incorporation of the new, structured data into existing algorithms.
- Dashboards that present aggregate, longitudinal trends in critical case information to support leadership strategy and planning.
- Tools that assist supervisors in caseload planning (e.g., assessment of case complexity) and caseworker supervision (e.g., trends across caseload, quality of documentation).

DHS recognizes that these are the initial, intuitive potential use cases. We are seeking proposed Solutions that will yield results that exceed these baseline expectations.

2.3 Design and Implementation of a Solution

We anticipate that there may be a number of challenges/limitations in designing Solutions for the respective tracks. We encourage Proposers to be innovative but also require that Proposers clearly state what limitations their proposed Solution will be unable to overcome so we may understand the scope of their Solution.

Successful Proposals should address the technical implementation of their Solution in their Proposals. Proposers may either include technical implementation in their scope of work or propose leveraging our contracted IT partners for the required development (and advising on its implementation). In each case, the Proposal budget should reflect the cost of technical implementation.

Section 3: Proposal Requirements and Evaluation Criteria

Proposals are evaluated based upon the following evaluation criteria. Proposers must address their qualifications in their Proposal by responding to the specifically-requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations.

Proposers can propose a Solution for one or both tracks. Proposers should submit only one Response Form, even when proposing Solutions for both tracks. Proposers should leave the section blank that they are not proposing and complete only the sections for the tracks they are proposing. Each track will be scored separately. The maximum score that a Proposal can receive for one track is 75 points, as outlined in the following sections.

3.1 Mining Information (75 points)

- A strong plan for the Solution to regularly and efficiently mine and organize unstructured data (25 points)
- The proposed Solution creatively addresses DHS's needs and is scalable to allow for expansion to address future needs (10 points)
- Strong organizational experience developing, implementing and evaluating Solutions to regularly and efficiently mine and organize unstructured data (5 points)
- Key staff who have availability and solid experience to implement the Solution and a management plan that supports project goals (5 points)
- A detailed budget and budget narrative that reflect a realistic estimate of the costs that clearly support the proposed Solution, development and implementation plan, and training (5 points)
- A thoughtful identification of the challenges and limitations of the proposed Solution and creative approaches to overcome them (5 points)
- An appropriate timeline for the design and development of the Solution (5 points)
- A strong plan to collaborate with DHS during development, with knowledge transfer and training for DHS staff about how to use the Solution and a maintenance plan, if necessary (5 points)
- A solid strategy to evaluate the success of the proposed Solution (5 points)
- Understanding of/mission alignment with the problem that this track addresses and experience in adapting technology to serve human services clients (5 points)

3.2 Developing Tools and Visualizations (75 points)

- A strong plan for developing tools and visualizations for unstructured data (25 points)
- The proposed Solution creatively addresses DHS's needs and is scalable to allow for expansion to address future needs (10 points)
- Strong organizational experience with developing, implementing and evaluating tools and visualizations for use with unstructured data (5 points)
- Key staff who have availability and solid experience to implement the Solution and a management plan that supports track goals (5 points)
- A detailed budget and budget narrative that reflect a realistic estimate of the costs that clearly support the proposed Solution, development and implementation plan, and training (5 points)
- A thoughtful identification of the challenges and limitations of the proposed Solution and creative approaches to overcome them (5 points)
- An appropriate timeline for the design and development of the Solution (5 points)
- A strong plan to collaborate with DHS during development, with knowledge transfer and training for DHS staff about how to use the Solution and a maintenance plan, if necessary (5 points)
- A solid strategy to evaluate the success of the proposed Solution (5 points)
- Understanding of/mission alignment with the problem that this track addresses and experience in adapting technology to serve human services clients (5 points)

Section 4: How to Submit a Proposal

4.1 Submission Process

- a. Proposers should take time to review and understand the RFP in its entirety including:
 - The background (see Section 1: Why We Are Issuing this RFP)
 - The narrative (see Section 2: What We Are Looking For)
 - The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
 - The evaluation process (see Section 5: How We Will Evaluate Your Proposal)
- b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.
- c. Proposers must submit a complete Proposal, which includes the following attachments that are available on our Active Solicitations website:
 - Response Form
 - MWDBE documents
 - Allegheny County Vendor Creation Form
 - Audited financial reports for the last three years
 - W-9
- d. Proposer should not send any attachments other than those listed above and on the Response Form.
- e. If you do not have audited financial reports for the last three years, you may submit other financial documentation that attest to the financial health of your organization. Tax returns are the preferred alternative. Please note that providing financial documentation is a requirement of contracting through Allegheny County.
- f. Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.
- g. **Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Friday, May 25, 2018 to be considered for review.**
- h. Please make sure to get your Proposal in before the deadline! If your Proposal is late, it will be rejected and will not be presented to the evaluation committee for review and scoring as described in Section 5 below.
- i. You will receive an email when your Proposal is received. If you do not receive this notification within 48 hours of submitting your Proposal, please contact DHSProposals@alleghenycounty.us

4.2 How to Contact DHS about this RFP

- a. All inquiries and questions must be submitted via email to DHSProposals@alleghenycounty.us
- b. All information about the RFP, including answers to questions, changes and clarifications will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations
- c. Please be sure to check this website regularly for answers to questions, additional information or changes to the RFP or the RFP process.

4.3 Other Information

- a. The issuance of this RFP does not obligate the County to enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals.
- b. Any Agreement originating from this RFP is subject to all of the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
- c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
- d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
- e. The Successful Proposal will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).
- f. Proposers also should be aware that all documents and materials submitted in response to this RFP are subject to requests made pursuant to Pennsylvania's Right-To-Know Law and that the County may have to make submitted documents and materials available to a requestor after an award of an Agreement is made.

Section 5: How We Will Evaluate Your Proposal

Proposals will be evaluated by an evaluation committee convened by DHS. The evaluation committee will assign scores based on the evaluation criteria in Section 3: Proposal Requirements and Evaluation Criteria using the scale listed in Section 5.1 b.

5.1 Evaluation Model

The evaluation process will consist of the following steps:

- a. An Evaluation Committee will be formed by DHS and may consist of some or all of the following:
 - Content experts from within DHS, selected for their expertise and/or experience
 - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
- b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's Response Form according to their expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:
 - 0 – Not addressed in Proposal
 - 1 – Poor
 - 2 – Below expectations
 - 3 – Meets expectations
 - 4 – Exceeds expectations
 - 5 – Outstanding
- c. The Evaluation Committee members then will meet collectively to discuss the individual scores and evaluations of each committee member.

- d. DHS, on behalf of the County, shall have exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. The Evaluation Committee will score the oral presentation and add it to the Proposer's Proposal score. The oral presentation will be scored using the following criteria and the scale outlined in 5.1b. The maximum score that an oral presentation can receive is 15 points:
 - Presentation demonstrates Proposer's ability to implement the proposed program effectively (5 points)
 - Proposer's answers to Evaluation Committee's questions (5 points)
 - Proposer's presentation is thoughtful and professional (5 points)
- e. At any time during the review process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
- f. As part of determining Proposers' eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure Proposers' financial stability.
- g. The Evaluation Committee will submit their recommendation for award of an Agreement to the Director of DHS for his approval, who in turn will submit a request to the County Manager for approval for the County to enter into an Agreement with the Successful Proposer(s).
- h. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.**
- i. All Proposers will be notified of their status following the final determination of which Proposer(s) will be awarded Agreements.
- j. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

- Received by the due date/time
- Properly formatted and include responses to all requested information
- Complete with all required forms and attachments

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the evaluation committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must be willing to comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the [DHS Contract Specifications Manual](http://www.alleghenycounty.us/dhs/solicitations), available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Enterprises, and expects that Successful Proposers will make a “good faith effort” in assisting the County in meeting these goals.

- a. All Proposals must include either of the following:
 - If your organization is able to meet the MWDBE contract goals, a completed MWDBE Participation Statement and MWDBE Contact Information form is required. You must also attach the MWDBE certifications of the firms you intend to use with the Participation Statement.
 - If your organization will request a waiver from participating in the MWDBE contract goals, a completed MWDBE Participation Statement, MWDBE Contact Information form and MWDBE Waiver Request are required.
- b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
 - MWDBE Forms
 - [MWDBE Participation Statement](#)
 - [MWDBE Waiver Request](#)
 - [MWDBE Contact Information form](#)
 - MWDBE Resources
 - [MWDBE Contract Specifications Manual](#)
 - [MWDBE Response Checklist](#)
 - [Guide for completing the MWDBE Participation Statement](#)
 - [Sample Diversity Policy](#)
- c. For more information about MWDBEs, visit the [Allegheny County MWDBE website](#).

6.2 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.3 Cyber Security

- a. Successful Proposers must meet the minimum computer specifications which begin on page 14 of the [DHS Contract Specifications Manual](#), available at www.alleghenycounty.us/dhs/solicitations.
- b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
- c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.4 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.5 New Provider Requirements

If awarded an Agreement, Successful Proposers who do not have current Allegheny County contracts will be required to complete the [DHS New Provider Application](http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-Providers.aspx), available at <http://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Prospective-Providers.aspx>. While not required as part of your Proposal, Proposers may wish to review the requirements of this application.

Appendix A: Counts of Unstructured Data by Source System

DHS completed a preliminary analysis to understand the landscape of unstructured data in our source systems:

Category	Brief Description	Prevalence (Approx.)	Program Areas	Examples
Contact Notes	Completed by staff and providers detailing interactions between staff/providers as well as client, family or collaterals.	2.5 million	Child Welfare Family Support Independent Living Youth Support Program Homeless Services Self-sufficiency	Appendix B.1
Assessments	Unstructured data fields incorporated through various assessments, which may include safety, risk, family assessment, homeless, etc. Provides information related to safety threats, risk factors and current needs of the family/client.	400,000	Child Welfare Family Support Homeless Services Self-sufficiency	Appendix B.2
Service Logs	Completed by the service provider and includes information related to service activity, dates, client name and contact type.	2.8 million	Child Welfare	Appendix B.3
Social History	Recently this section moved to Family Assessment, but there is still historical data. May include details regarding a client's childhood, education/employment status, medical information, behavioral health involvement and criminal history.	141,000	Child Welfare	Appendix B.4
Court Summaries	Includes a summary of casework and service activities (referrals, visits, collateral contacts); also includes information related to the family's progress in meeting the goals.	43,000	Child Welfare	Appendix B.5

Appendix B: Examples of Unstructured Data

Please note that all examples are unedited but all identifying information has been redacted. Spelling and grammar mistakes are purposefully left intact for authenticity.

Appendix B.1 – Unstructured Data in Contact Notes – Example 1, Child Welfare

CASE_REF VAR	CONTACT_DT	PURPOSE	COMMENTS
Case)	3/27/12	Adoption Consultation and Planning	HV with FP's [name] and [name] and C [name]. Also in the home were 2 additional foster children [name] and [name]. As this was the initial visit CW and FP's got to know each other and CW went over the adoption process and answered questions. FP's completed and signed the 399 and CW gathered demographic information. [name] was playing with the other boys. He just turned one and began walking only 2 days before the visit. He is a cute and happy little boy, who appears very bonded to both FP's. FF is very hands on, playing with the children, changing diapers etc. Both FP's seemed very friendly, open, willing to answer questions as well as ask them. The next HV was scheduled for 4-25-12.
Case)	9/20/10	Assessment	Met with the family to do the assessment and have [name] sign paperwork. The apartment was dirty, smelly and there were flies. There was clutter all over the floor and kitchen. [name] ran out of food for herself and the children. She claimed that she tried contacting the food banks but hasn't heard anything back from them. She seems stressed and overwhelmed. She has not been taking care of herself or her health. She has had incidences where she has passed out and had to be taken to the hospital. [name] has the chicken pox and was home during the visit. [name] was also home because she was sent home from school. The school keeps telling [name] that [name] has lice but [name] claims that it's just really bad dandruff because she has checked. I got a released signed so we can talk to the social worker at the elementary school.
Case)	2/22/12	Assessment	The visit was to complete an assessment for case management. The children were all present at the time . [name] is doing well and transitioning back into public school and is doing well.

			<p>[name] is doing well in the home and in school as well she has no issues to be reported at the time of the assessment</p> <p>[name] is not doing so well in this placement, he is not doing well in school. He was just suspended from school. He is not doing his chores still on the first prompt . He is attending the [program name] still for independent living</p>
Referral)	8/19/09	Case Closure	<p>CW completed a 30 day HV with M, [name] and [name]. [name] was not home despite M asking her to be here for the HV. CW spoke with the CN and they reported no problems or concerns. M talked more about her concerns with [name] leaving [school name]. M states she has already been in touch with OBH's Educational Liason and that [name's] Family Based MH Treatment Team is working to schedule a meeting with [school name's] principal over the matter. CW informed M that her case will soon be submitted for transfer.</p>
Case)	7/14/11	Case Consultation	<p>[name] behaviors were addressed as he continues to struggle with "ask to do all" behaviors. As he does not ask to cross from room to room. He also acts in an immature manner which seems to be an attention seeking behaviors. He makes little to no effort to participate in a positive manner in individual counseling sessions.</p>
Case)	2/11/10	Case Consultation/Review - Management	<p>CW made several phone calls on 2-11-10. CW called FM [name] and spoke to her. CW asked if there is an uncertified man that cares for the children when she is not around and she said no. She indicated that there is a man---a friend of hers---that lives in the home and the home is a certified foster home. She indicated that he has criminal clearances that [provider name] had in their files. FM told CW that her daughter is always around when eh is around the children and he is never left unattended, and FM said that she only leaves to go food shopping. She also told CW that he is allowed to watch them anyways because he lives in the home and the home is certified. CW scheduled a HV tomorrow at 10:00am.</p> <p>CW also spoke to [provider name] CW [name] directly afterwards. [name] did tell CW that [name] lives in the home, but FM's 20 year old daughter is always around anyways. [name] told CW that he is not sure if he is certified, but the home is and he lives there, and [provider name] does have criminal clearances on him. CW was told that there are 4 foster</p>

			children in the home (including [name] and [name]), a 19 year old daughter, FM, [name], and 2 adopted twins.
Case)	2/17/12	Case Plan/Review	<p>FC contact FA to discuss case dynamics. The family appeared in court today and everything went well. However, it was reported by MGM that [name] (C) was sent to a group home because of his behavior. FC had a conversation with C at the last court hearing and discussed his behavior and respect with adults. MGM seems to be fed up with C's disrespectfulness and him not complying to household rules and school rules with his interactions with teaching staff.</p> <p>[name] (target C) has been released to MGM home and is doing well. M is still continuing to look for housing and FA has stated that M has a meeting with [name] at [provider name] on 2/22/12 @ 11am. FA will transport M and FC will meet FA and M at the facility.</p> <p>FA discussed of our withdraw from the case as early as next week. The family was mandated by court to produce a functional family plan to assist M in caring for C'rn. A post VFL assessment survey will be given to M at the time of appointment on 2/22/12. M is aware that [provider name] will not be continuing services with the family in the near future.</p>
Case)	1/5/11	Compliance	<p>CW agreed to meet [provider name] worker [name] in [place] to meet with M. Upon arrival to home, [provider name] worker and M came outside of home. M appeared very distraught with crisis in-home worker due to [name] telling M's relatives that CYF was on the way to the home. M said she doesn't want anything else to do with [provider name]. M would not let CW in the home to see CRN. [provider name] disclosed to CW that before CW arrived to home, M and F got into a verbal altercation in which the F made the statement, "Don't be surprised if she comes up missing." F was not present by the time CW arrived to [place] home. CW asked M when she would be returning to MGGP's home and she said that her cousin was on his way and that it would have to be sooner rather than later due to [name's] actions. CW called his supervisor and informed her of what conspired. CW was told to return to the office. This was the second unsuccessful attempt by CW and [provider name] to get M involved with crisis in-home services to provide adequate and stable housing.</p>

Case)	8/8/14	Conference/Teaming	Travel with youth to session with psychologist and mother. Discussed what youth needed to do in order to stay home once he is released.
Case)	9/16/11	Court	<p>FG met with MGA [name], MGM [name], and mother in the court. FA asked mother if she had brought the receipt for her water bill. Mother insisted that she showed FA all of her bills and doesn't have anything else to say to FA. FA informed mother that she still had not shown her water bill to FA and reminded her that the cell phone bill and cable bill were not needed utilities. FA spoke to [name] who stated [name] was doing fine and she was willing to continue caring for her. She asked how long she was expected to care for [name]. FA informed her that it would be until Mother has resolved the budgeting and other issues. MGM reported that [name] and [name] were doing fine with her for the time being. She is interested in pursuing foster care certification. The family reported that [name] is doing well and [name] couldn't make it to the hearing. FA informed mother that mother has more income than she initially reported to FG and that she actually receives over 1600 per month plus food stamps. FA inquired about what mother's major expenses were. she angrily told FA that he doesn't know what she does with her money. FA agreed and discontinued the conversation with mother.</p> <p>During the hearing FA testified to the children's current whereabouts, [name] with his 20yo sister [name], [name] and [name] with their MGM [name], and [name] with her MGA [name]. FA testified that budgeting issues remain due to mother actually receiving nearly 1700 per month plus 300 in food stamps from SSI and DPA cash. FA testified that mother has not paid anything toward her electric bill which is over 3000 delinquent, her water bill of which she owed 200, or [name's] truancy fines as she reported she was paying. Judge [name] asked mother what she was doing with her money and mother stated that she has been helping her daughter [name] keep her apartment and she currently has no income. MGM offered that mother was getting charged for electricity from an old apartment and didn't realize she was carrying the bill over to the new place. Judge [name] was not concerned with that explanation and asked mother if something else was happening such as gambling, drugs, or alcohol. Mother denied this. FG recommended a drug and alcohol evaluation, mental health evaluation, and a drug screen today for mother. FG also asked for the children to remain in their current family arrangements. Judge [name] ordered that CYF place the children in their respective homes of relatives and provide EC payments. She also ordered for a review hearing on 10/21/11 to see how mother was</p>

			<p>doing. She concurred with recommendation for drug screen today, D&A eval, and MH eval to rule out those issues. Mother asked if she could be drug tested in 30 days. Judge [name] stated no and asked mother what she would test positive for and mother stated there was marijuana in her system. Judge [name] ordered mother to comply with all recommendations. After the hearing Judge [name] handed FA the signed drug screen form. FA went to ask mother to provide the screen and she stated she wasn't taking the test and she hated FA. CW [name] was able to convince mother to accompany her for the drug screen. CW [name] informed FA later that mother tested positive for marijuana and cocaine.</p>
Case)	9/26/12	Court	<p>[Provider name] attended petition hearing for [name] family. Court ordered the children to remain in mother's care and for her to continue to work with Mh and in-home services. Court also ordered that [name] attend AA meeting regularly. [name] continues to state that she is overwhelmed at times with having to care for the children and was upset about being court ordered to attend AA meetings although it was part of her stated goal of d/a recovery and also her sobriety is of the utmost importance to find permanent housing. [name] and [name] also deny needing DV counseling.</p>
Case)	8/8/10	Inquiry/Information	<p>8-8-10--2:44 PM--Message received from Officer [name] of [place] P.D. He reported that [name] was picked up as a RAW. Teen is reportedly drinking and smoking weed. M and MGM are interested in having teen placed in Shuman Center.</p> <p>later--TC to M, [name] --#[phone number]. She was at MGMs house. [name] has been staying with MGM for two months. MGM can no longer handle child. She left on 8-6-10. They found her today in Moon Township with a 19 year old guy. Something has to be done. IW advised M that information would be forwarded to the CW.</p> <p>later--4:18 PM--Return call from M. [name] took off again. IW advised M to again reported her daughter missing to the police.</p>
Case)	8/9/10	Inquiry/Information	<p>FA CONTACTED [provider name] TO SEE WHAT HAPPEN TO [name] AND HE WAS INFORMED BY [name] THAT [name] WAS HIT BY A ROCK AS HIM AND OTHER RESIDENCES WAS OUT IN THE BACK THROWING THEM. SHE REPORTED THAT HE WAS TAKEN TO THE HOSPITAL AND HE DID RECEIVE STITCHED. SHE STATED THAT SHE DO NOT KNOW WHY</p>

			CYF OR THE PARENT WAS NOT NOTIFIED AND SHE WAS ABOUT TO SEND THE REPORT OVER IMMEDIATELY. FA THANK HER AND ENDED THE CALL.
Referral)	8/13/10	Intake	CW wento hospital to interview [name] at [hospital name] and was told that there was no [name] there. Called reporting source and former foster care mom who has [name] now and was the RS to make sure that she was there in attendance. [name] was very helpful and stated that she was there but was there under restrictions because her paramour had beaten her up or could be because she had been arrested for possession. Either way she was in [hospital name]. [name] called me back to give me [name's] telephone #. [name] also stated that she had updated all of her certifications as a foster care mother and I informed her that I would get back to her to let her know after speaking with my supervisor.
Case)	9/7/11	Scheduling	[provider name] CS attempted to complete a safety check on the family by going to the home of a family friend ([name]) at [address] in [place name]. This is where CS took [name] and [name] yesterday. CS met with [name] and another woman who reported that [name] and [name] left the home last night following an altercation that involved the [place name] Police. [name] reported that [name] left [name] with her for several hours and refused to answer multiple telephone calls from [name] over the course of the evening. [name] finally returned to the home of [name] and appeared to be impaired. She started a verbal altercation with [name] and the police were called. The police forced [name] to leave the home and she took [name] with her. CS left the home of [name] and went to the family home. No one was home.
Case)	8/4/11	Scheduling	[provider name] contacted CW via telephone call regarding the scheduling of a reauthorization meeting. CW stated that she would schedule a time, and then call [provider name] back. [provider name] provided CW with an update as to the situation in the home. [provider name] reported that while [name] had been very cooperative with [provider name], [provider name] had not seen [name]. [provider name] informed Cw that [name] had stated that [name] was staying at her father's home.

Case)	5/9/11	School/Education	[provider name] FIPS phoned [school name] to assure youth was present in school since FIPS could not transport youth to school this morning due to a staff meeting at FIPS workplace, FIPS talked to [name] the school's secretary who informed FIPS that youth was not present in school today. FIPS thanked her and placed notes in KIDS system. FIPS then proceeded to call mother to see why youth was not in school today, Mother stated that she was not in school due to youth not waking up on time for school. FIPS asked her if she assisted youth she stated that she did but youth would not get up for school. FIPS asked if mother was mobile to transport youth to school she stated that she was but refuses to take youth up the street to school. mother was very furious that FIPS continues to push that she needs to take that extra initiative to assist youth in mitigating her truancy.FIPS then talke dto youth who stated that she is currently watching her younger siblings. FIPS asked to speak to mother again who was very heated, she stated that she has don all she could for them and if they dont want to attend school oh well. FIPS explained to mother that FIPS and her have to work together to help the issue, FIPS also told mother that the teacher's at the school love youth and continue to try to get youth caught up with her work. They told FIPS that if youth comes and does all her work plus the make up work she can pass, but mother did not want to hear it and quickley got off the phone with FIPS. FIPS told youth that she must attend school if she wants to graduate.
Case)	1/5/12	Set Home Visit	I arrived at the resource home at 1:30pm for a scheduld home visit. [name] stated that the [provider name] was coming out to look at [name's] foot. [name] played on the floor with a toy phone and walked around with the lady from [provider name]. [provider name] is going to bring out books on different types of braces for [name]. [provider name] stated that [name] should see a specialist to get shoes to help with wlking. [name] has a sinus ear infection and is taking 1/2 teaspoon of cefdinir. [name] is able to crawl up and down the steps. [name] from [provider name] stated that [name's] left foot turns out the most. [name] stated that it should be the right foot (club foot) giving [name] problems. [name] stated that [name] stopped wearing the braces at night on January 1st 2012. [name] continued to work with the [provider name] during the visit. No issues or concerns.
Case)	4/28/14	Transportation	When I drove [name] she told me that she had to go to the emergency room on Sunday. She said she fainted in Church. The diagnosis was a sinus infection and dehydration. On Monday she was back to work. We had a pleasant drive and arrived at [school name] at 3:00.

**Homeless Services and Supports Coordination
[service coordinator name]
Record of Service**

Family Name: [name]

7/8/15

SC met with new intake [name] at [motel name]. [name] is a half white / Half Hispanic woman and is the mother of 2 young children. She is currently being housed at the hotel with her paramour and two children. She was previously in the [program name] and was evicted for nonpayment of utilities and possible drug suspicion within the house. She currently has no income and is going to apply for DPW. Her paramour [name] is currently on probation and previously obtained child endangerment charges for standing at an open window with her and [name's] son. The family is currently looking for a subsidy. [name] identified that her paramour has a 7th grade education and possible issues with anger. He is uncomfortable around a lot of people. [name] reported having a mental Health diagnosis of Bipolar, ODD, and ADHD. She currently has no support from family and friends. SC will bring housing application for [name] to fill out.

8/4/15

SC met with [name] in her room. While there SC Signed [name] up for [apartment name] and [apartment name]. The confirmation number is [number]. SC gave [name's] children some pajamas. [name] informed SC that she still had property at her previous residence. SC encouraged [name] to reach out to her previous LL to set up a time to pick up her items. [name] informed SC that she was scheduled for a TANF appointment on Aug 17 to attempt to reinstate her cash. She was previously sanctioned for noncompliance. [name] informed SC that she lost her phone. SC provided [name] information for [budget mobile name]. [name] showed SC staples in her daughter's head as she reported that her daughter was playing and hit her head on the chair. She was taken to children's hospital. [provider name] did childline [name].

8/25/15

SC met with [name] in her room. [name] expressed some concern as [provider name] worker [name] had promised to bring money orders for her and her paramour so that they could get their birth certificate and ID. SC will follow up with [name's] supervisor to get status of money orders. [name] also expressed frustration with CYF being called on her. [name] reported that her TANF is supposed to start on Sept 2nd. [name] is now CYF active as she was childlined by [provider name]. They are assisting her with getting a bus pass. [name] reported that she is not sure if she is still working with [program name]. SC will reach out to the caseworker [name]. SC talked with [name] about having a spa day. [name] is interested in the spa treatment. SC will follow up with supervisor.

9/1/15

SC met with [name] and [name] at [motel name]. [name] informed SC that he was going back to school and was hoping to get his GED and possibly his cooking degree from [school name]. Both parties

reported that they did not receive their cash assistance. [name] reported that the Welfare office said they misplaced the first homeless verification letter given for the AUG 17 appointment. She is in need of another homeless verification letter. SC will drop off the letter at the office. SC talked with [name] about going to [program name] and utilizing their funds with help for the BC and ID while waiting for response from [provider name]. SC applied to Section 8 confirmation number [number].

9/22/15

SC met with [name] in her motel. While there SC placed a call to the [program name] CM to find out if the program was still an option for [name]. SC left a message for [name]. [name] will be going to [apartment name] to fill out an applications with her [provider name] Caseworker. With SC present [name] contacted [salon name] and made an appointment to get her hair done. SC contacted [provider name] for [name] and her family as they needed food. [name] is in need of clothing for her children. SC will see about a gift card. [name] also completed an application for her DL.

9/29/15

[name] received a notice from Section 8 denying her application for housing because she missed their appointment. [name] stated that she did not get a notice regarding an appointment to meet with a housing specialist. SC encouraged [name] to appeal the decision. SC will mail out appeal. SC will bring [name] back Zoo Passes.

10/1/15

[name] cancelled hair appointment due to not feeling well. Her appointment is rescheduled for 10/8/15.

10/14/15

[name] informed SC that she went into the section 8 office for her informal appeal on Friday. She is awaiting their decision. She made it to her hair appointment at [salon name] but was unhappy with the highlights that were put in her hair. She will be calling the store manager to see if they could fix her hair. SC received a call from [name's] DPW case manager regarding an appointment scheduled for [name] today. She was able to make her appointment. [name] complained that the hotel gave her mail extremely late. She just received mail from September in October.

10/15/15

SC met with [name] in her hotel room briefly. She reported that she had a conferencing and Teaming meeting and despite requesting that this writer be present she was not. [name] reported that she felt like she was being attacked at the meeting by a supervisor named [name]. SC asked for the date of her next team meeting for her to be present.

Homeless Services and Supports Coordination
[service director name]
Record of Service
March 2014

[mother name]

Entered Shelter in 3/3/14

[name] 10yr old

[name] 8yr old

[name] 5yr old

Her Story:

[name] was housed in Section 8 housing and fell behind in her rent payments. Instead of being evicted, [name] chose to leave on her own. She spent almost 60 days at [program name]. She was discharged due to a confrontation with another resident. She stayed with her sister for a few weeks before coming to the shelter.

Supports: family in community

3/4/14

Met with [name] to see what supports she may need while in the shelter. [name] has her housing already secured. [provider name] is paying her security deposit and she will be getting the keys at the end of the week. She has already enrolled her children in school and is working with the [program name]. Her major needs are locating beds and kitchen supplies for her new place.

[name] agreed to an ASQ screening on her youngest, [name]. SD completed the ASQ and we agreed to meet 3/4/14 to share the scoring.

The only request [name] has is assistance in finding beds/mattresses for her children.

3/6/14 20 minutes

Met with [name] to share ASQ [name's] score. [name] was on target in all areas except for fine motor. Given the fact that [name] had been in [program name] for two months, SD is not concerned. He has not had the opportunity to work with crayons, pencils and scissors. SD suggested [name] provide [name] with opportunities to practice these fine motor skills before he enters Kindergarten in the fall.

SD will try all resources to locate beds for [name]. Made a call to [thrift store name] and located a single bed and mattress for \$30.

3/7/14

SD contacted [name's] former CYF caseworker to ask for help purchasing beds. [name] is not eligible for assistance since her case is no longer active. [name] was involved with CYF because she had custody of a younger brother at one time. She has since rendered that custody to another relative.

3/10/14

[name] shared that [name] has enrolled in [program name]. She is now out of the building most of the day.

SD contacted [charity name] about [program name] referral. [name] may apply but it takes 6 weeks for [charity name] to even look at the application and then she would need to wait on the [program name] list.

SD contacted [program name] for furniture assistance. No response.

3/12/14 Phone

SD phoned [name] because she has not been around the shelter this week. [name] informed SD that she started a new job at [name] in [place name]. She is working 9-6pm daily and then needs to catch the bus back and pick up her own children from daycare. [name] doesn't get into the shelter until after 7:30pm. She is very interested in getting the Thrift Store vouchers to pick up the one single bed if it's still available on Saturday. SD stated she would give the vouchers to the house manager.

3/14/13

Left [name] a message about calling me back in regards to getting beds for her. No response all weekend.

3/17/14

The House manger reported that [name] moved out of the shelter 3/15/14.

3/18/14

Called [name] and left a message stating part of my position is to continue to assist families who have left the shelter. SD asked [name] to please call me anytime if she is need of referrals/resources or just to discuss her transition to the new community. No response.

Homeless Services and Supports Coordination
[service coordinator name]
Record of Service

Family Name: [name]

2/9/15

SC met with New Intake [name]. SC explained [service name] and completed an intake form. SC also talked with [name] about an ASQ screening. SC gathered information about what contributed to [name's] housing crisis. She reported that she had been previously staying with her mother but she has an alcohol problem and kicked her out. She reported that she has no intentions on going back as her mother has kicked her out several times. She currently is working. She owes no back rent and no prior evictions. She is open to anything. [name] discussed with SC and [program name] case manager filing her taxes. [name] informed writer that she was trying to get in school and had an orientation/ interview for [school name] on 2/10/15. She reported that she and no way to get to the orientation/ interview. SC will get her bus tickets.

2/10/15

SC provided [name] with 2 bus ticket for her to get [school name]

3/3/15

SC attempted to meet with [name] however she was not at the Shelter. SC does not have a phone number for [name]

3/17/15

SC was informed by the [program name] case manager that [name's] daughter was in the hospital and she has been out of the shelter for a couple days. SC will leave [name] a note to contact.

3/18/15

SC briefly meets with [name]. She informs write that she has gotten into [place name] housing. She is tuning in the rest of her documentation. She discussed briefly what's been going on with her daughter. SC will follow up via phone to see if [name] wants continues services.

3/20/15

SC contacted [name] as she was told by the [program name] case manager that she left the shelter on 3/19/15. [name] reported that she moved into her place in [place name]. She is interested in aftercare services. [name] did inform SC that she had a pack and play for her daughter and her bed would be coming next week. SC will set up a time to meet with her for a face to face and get her signed up for [charity name] and [thrift store name].

5/6/15

SC met with [name] at her mom's house. The meeting was held outside. SC dropped off her daughter's stroller. [name] talked with the writer about how her daughter was doing as her daughter has a history of seizures. SC and [name] discussed employment and school opportunities. [name] expressed concern with putting her daughter in to daycare. SC discussed options with her and what to look for in searching for a daycare. [name] informed SC that she was expecting another baby. SC congratulated her and explained that if he needed anything moving forward to let her know. [name] seems to be doing well.

Appendix B.1 – Unstructured Data in Contact Notes – Example 3, Homeless Services

<p>Left message to schedule client.</p> <p>Left message to schedule client.</p> <p>Reached client after difficulty due to client's hospitalization, and scheduled intake for 1/29 at 10am.</p> <p>Client did not present for 1</p> <p>Client did not present for 2/1 appointment. Followed up with client to reschedule for 2/5.</p> <p>Client did not present for rescheduled appointment on 2/5. Left a vm to follow-up with rescheduling for a final attempt.</p> <p>Call placed on 2/8, but client has not responded to follow-up calls.</p> <p>Call placed on 2/12 for follow-up/rescheduling. /29 appointment, contacted client and rescheduled her for 2/1 at 1pm. Client contacted IC and asked to reschedule appointment for 2/14.</p> <p>Client did not present for 2/14 appointment.</p>
<p>Left message for client to schedule intake:</p> <p>Client reached and scheduled for intake on 1/31</p>
<p>Left with [name] - for interactions with client and help in scheduling intake appointment - 1/25/2018</p> <p>Checked again with [program name] staff for any interactions with client, left number for contact regarding scheduling.</p> <p>Reached client through [program name] staff and [name] Scheduled for intake.</p>
<p>Case Manager scheduled intake with client for 1/18/18 at 11:00 am.</p> <p>Case Manager attempted to contact client due to her missed intake appointment. Contacted her at 10:30 am, no option to leave a voice message.</p> <p>Case Manager attempted to reach client again 1/30/18 at 12:30 pm, however unsuccessful.</p>
<p>1-23-18 Case Manager attempted to contact client via telephone in order to schedule intake appointment, however unsuccessful at 1:19 pm. Case Manager will email client to attempt to arrange intake appointment.</p>
<p>Client contacted and scheduled for intake.</p>
<p>Left message with [name]. Spoke with [name], set up appt. for Friday at 11AM.</p>

[name] currently does not have custody of any children nor have any children with her. She is currently pregnant and staying at the [program name] for pregnant mothers; she is not due until the end of June. She also has open charges for "possession of a weapon in the courthouse". Her partner, [name] is currently incarcerated in a half way house. [name] stated that he will be going to a 3/4 house when he is released.

There is currently no family intact.

Client contacted through [program name], to schedule intake. Left VM.

Appendix B.1 – Unstructured Data in Contact Notes – Example 4, Homeless Services

Ct was reassessed as chronically homeless- episodic, although she reports that she spends most of her time on the street or living out of a storage shed. Ct states that she goes back and forth from staying across the street from the [store name] in [place name], then back to her brother's house. Ct reports that she gives her brother her food stamps and sometimes cash to allow her to stay in his storage shed in [place name]. Ct reports that he sometimes allows her to stay in his house, however, the house is not wheelchair accessible, and she reports that she has to drag herself up a flight of stairs to get in. Ct is currently staying at the women's winter shelter. Ct also reports [program name], [program name], [program name], [name], [program name], and a methadone clinic (she could not remember the name) as verifiers. [program name] Service Coordinator met with ct at the ER at [hospital name]. Staff there reported that they are "very familiar" with her, and may also possibly serve as verifiers. Ct reported a MH DX (has received a numerous amount of services from [provider name]), physical disability, chronic health conditions, and SUD DX to the [program name]. [program name], [initials], further discussed this program w/ ct. Ct reported interest in this program. Ct's income at this time is SSI. Ct may had ID. SS card- unknown. Ct's contact info is UTD. Ct can also be contacted via the [program name]. – [initials] 1/11/18

Ct reports that he is currently street homeless. Ct stated that he was just hired at [name]. Ct reports that he works during the evenings and that he wanders the streets during the day. Ct reports that prior to working at the [name], he worked at [name] in [place name] from Aug 2017 - Jan 2018. Ct reported sleeping on benches and in abandoned homes in [place name]. Ct reported that prior to Aug 2017, he was street homeless on the [place name]. Ct stated that he would stay in parks. Sometimes would be in the [place name]- slept on porches. Ct maintains that he has been street homeless consistently for over a year. Ct reports that he can occasionally stay with his cousin for no longer than one night. Ct reported that his cousin is enrolled in a housing program, and that staying there would be a violation of their lease and program agreement. Ct reports that he is able to shower there. Ct states that he is able to buy food since he is employed. Ct states that he has had limited interaction w/ professionals. Ct reports that [name], his counselor at the [program name], can verify the past month or two. Ct states that he has had some interaction w/ [place name] police. Ct reports that they have asked him to move, but never took his information. Ct states that he has used [program name] "a few times" and has discussed his housing situation with staff at [program name]. Ct had MH services at [provider name] before his MA was cut. Ct stated that he did discuss his housing situation w/ staff there. Ct states that he has mostly kept to himself. Ct reported that he hasn't been involved w/ professionals or agencies because he is employed. [initials] discussed PSH w/ ct. Ct is interested in [provider name] PSH. [initials] advised ct of required docs. Ct has his ID, can get employment verification, and ver of MH DX from [provider name]. Ct needs to reorder SS card. [initials] discussed documenting HX of homelessness. Ct expressed understanding of this and still wanted to proceed w/ referral. [initials] confirmed this ct's C-INFO

Ct was reassessed as chronically homeless- episodic. Ct is currently staying at the men's winter shelter under the alias '[name],' w/ same DOB listed. Ct reports experiencing homelessness off and on for the past several years, and states that he has stayed mostly in abandoned houses. Ct reported multiple breaks (incarceration), the most recent being in July 2017. Ct has had contact with the [program name] since 2015, and has been in contact w/ [program name], since Aug 2016. Ct also stated that [program name], [program name], and [program name] can verify his CH timeline. Ct reported that he is living with a MH DX (bipolar), and has received various MH services off/on from

[provider name] from 2013 - 2017. Ct is interested in [program name] PSH referral. Ct has his ID, but needs to re-order SS card. No reported income at this time. Ct does not have a direct form of contact, but has been staying at the men's winter shelter. Ct can also be reached via [program name] and w/ assistance of [program name], [initials]. – [initials] 01/22/18

CT is currently enrolled at the [program name] w/ her children. Prior to this, ct was enrolled at the [program name] and also stayed at CYF paid hotels/motels. Ct reported interest in the [program name] PSH program. Ct reported MH DXs for herself and several of her children. Ct reported that she and her daughters received MH services and were DX'd in [place name], but that she does not have any type of paperwork for this on-hand. Ct states that her son is currently in therapy in [place name], and that she may be able to receive some verification of a DX for him. [initials] reviewed required docs (ID, SS cards, BCs, ver of homelessness letter from [program name], ver of income (TANF benefits print-out)) w/ ct. Ct expressed no concerns w/ this Ct's contact information has been confirmed. Ct is also working with DHS Homeless Services and Supports Coordinator, [name]. [name's] info has been added to line 2. – [initials] 02/22/18

Ct was reassessed as chronically homeless. Has reportedly been staying outside since 04/2016. Previously at [street name] camp, now staying in abandoned homes on the [place name]. Ct reports that she will occasionally stay with friends, but never more than 7 consecutive nights. Ct is reportedly known to [program name] and [program name], who may be able to verify this ct's timeline. Ct is interested in [program name] program referral. Ct states that she has her ID and SS card. Will obtain SSI benefits print-out for verification of income and disability. [initials] confirmed ct's contact info. Ct can best be reached via line [phone number], but can also be reached via [program name] or [program name] – [initials] 01-16-2018

Client was reassessed as chronic- episodic. [program name] documented ct's self-reported timeline as follows:

1/15-10/15: [street name] Camp (11 Months, 1 episode)

10/15-11/15: Doubled up w/ friend

11/15-3/16: [program name] in [place name] (5 months, episode 2)

3/16-11/16: Doubled up in [place name]

11/16-12/16: [shelter name] (2 months, episode 3)

12/16-9/17: Stayed w/ a friend, then [place name] w/ ex-husband's mother

9/17- present: [street name] Camp, then [shelter name], then [program name] (5 months, episode 4)

Verifiers may include [program name], [program name], [provider name], [shelter name], [shelter name].

Ct also receives SSI, which may be used as both verification of income and verification of disability.

Ct was previously referred to [provider name] RRH, but ct reported that she has decided to separate from her ex-husband, and now wishes to pursue her own housing.

Ct is interested in [program name] program and would like to proceed w/ this referral. Ct has her ID and SS card. Will obtain SSI print-out. [initials] has advised ct that she will need to document her HX of homelessness. Ct expressed understanding. [initials] confirmed ct's contact information and provided ct w/ contact information for this program via text. – [initials] 01/16/18

Appendix 2.1 – Unstructured Data in Assessment Notes – Example 1, Child Welfare

Example 1

Assessment Version: Prep/FAST
 Comprehensive
Assessment Type: Initial
Case/Referral ID: <removed>

Assessor: <removed>
Assessment Date: 8/15/2017
Case/Referral Name: <removed>
Assessor Agency: [place name]

Our Life, Our Story	(blank)
Functional Strengths	The family has a significant source of supports at this time. M and F have been provided with counseling service options to start the healing process.
Outcomes	(blank)
Building the Team/Natural Supports	(blank)
Meeting Logistics	(blank)
Assessor’s Observation/Knowledge/Notes	The family is aware of the concerns noted during this investigation and have obtained a lawyer and will not be completing any further interviews with OCYF and Police at this time. The C has ongoing JPO involvement and is currently being followed by PO [name].

Example 2

Assessment Version: Prep/FAST Comprehensive
Assessment Type: Initial
Case/Referral ID: <removed>
Assessor: <removed>

Assessment Date: 2/9/2017
Case/Referral Name: <removed>
Assessor Agency: [place name]

Our Life, Our Story	Mother states that she and [name] have had an on again off again relationship due to his drug use and the domestic violence in their relationship.
Functional Strengths	(blank)
Outcomes	Mother would like for the children to be returned to her care
Building the Team/Natural Supports	Mother, Father, Mother's siblings and father and several friends are a support for her
Meeting Logistics	(blank)
Assessor's Observation/Knowledge/Notes	Mother may need ongoing domestic violence counseling and father will need assessed for substance use

Example 1

Investigation Summary

SERVICE DECISION

Decision: Accepted

Date Accepted for Service: 01/28/2018

Service Decision Reason: Child placed, Impending safety threat(s), Significant risk factor(s)

Overall Analysis: Mother has been testing positive for cocaine, opiates, and methadone for at least two months. She has not been responding to the agency. ECA's were obtained on 2/2/17. Fathers have significant drug/criminal histories or PFA/allegations of violence histories.

Overall Severity: Moderate Risk (M)

Overall Risk: High Risk (H)

Risk Assessment Narrative:

Severity/Frequency and/or Recentness of Abuse/Neglect is rated Moderate risk due to a potential inappropriate caregiver who overdosed in the home, and concerns that Mother is using drugs while supervising Children.

Cooperation is rated Moderate due to Mother's lack of response to the agency since mid-December. Alcohol/Substance Abuse is rated High due to Mother's sustained usage of three substances over at least 2-3 months. Family Supports is rated Moderate b/c Mother does not report having sufficient support.

Stressors is rated Moderate due to Mother's addiction, recent death in the family's home, and lack of support.

Example 2

Referral Snapshot

Outcome: Referral Accepted, Not linked to any Referral

Response Time: Priority (within 24 hours)

Supervisor Comments: (Blank)

Risk Rating: Low Risk (L)

Risk Rating Basis: Mother's paramour overdosed in the home with Mother and child present.

Safety Rating: Low Risk (L)

Safety Rating Basis: No Safety Threat

SAFETY ASSESSMENT

Type and Nature of Maltreatment

Referral Source reports that the child came to school the past two days, speaking of an alleged incident where someone "hurt their head and was bleeding and shaking on the floor and the bathtub". RS indicated that he saw on the news that Mother's paramour overdosed in the home. The incident reportedly occurred on 11-26-16. Referral source reports that there may have been another sibling in the home at the time of the incident. RS reports the Mother was home at the time. RS reports that he is not aware of past substance use by mother and does not know if mother is currently using drugs.

Child Functioning

No reported physical or medical disabilities. It appears the Child's basic needs are being met. There are no reported behavioral problems for the Child.

Adult Functioning

Mother reportedly previously used heroin. Unknown mental health or domestic violence in the home. Unknown mental health or substance abuse for father.

General Parenting

RS reports the parents have the ability to keep the Child safe.

Parenting Discipline

Information was not provided by RS.

Additional Information

Child is currently with her father, unknown how long she will be with father.

CYF HX:

R# [number] 6/29-8/7/15 Domestic violence, parent substance abuse, inadequate hygiene, inadequate provision of food. Not accepted for service; Invalid allegations.

R# [number] 1/27-3/14/14 inadequate physical care. Not accepted for service.

R# [number] 9/28-10/2/13 Medical neglect, inadequate physical care. Onsite completed with no concerns noted.

R# [number] 12/16-12/17/12 Drug use by child, failure to protect, inadequate provision of food, inadequate physical care, no/inadequate home. Screen out; field screen completed with no concerns noted

R# [number] 9/12-10/23/08 was sexually maltreated by Maternal Uncle. Not accepted for service.

Legal Custody Details

There are no custody orders in Allegheny County court records.

Concerns for Worker Safety

It is unknown if there are pets or firearms in either home.

Example 3

Pennsylvania Model Risk Assessment Form

Risk/Severity Assessment Summary Form

Child/Children Factors:(Describe child(ren)s current location, well being, special needs, and progress towards reunification if applicable)

Both [name] and [name] reside with their parents. [name] seems to be growing and developing on target. There are no concerns about her functioning. [name] has developmental delays and behavior issues. He presents a number of challenging behaviors, and needs a number of intervention services. Mother struggles to schedule and attend all of [name's] appointments. She gets overwhelmed, and often cites transportation as a barrier.

Caregiver/Household Member:(Describe adults progress towards goals from previous FSP, obstacles, and problems encountered)

Father, [name], has debilitating anxiety which sometimes prevents him from leaving the home and helping with parenting responsibilities. Mother assumes almost all responsibility for the children. Father has historically self-medicated with drugs and alcohol. OCYF is unable to confirm his sobriety at this time as he did not attend drug screens. Mother, [name], continues to participate in her suboxime program appropriately, and there are no concerns about her recovery. She struggles to deal with [name] (child)'s behaviors and intense needs. She gets overwhelmed making more than one appointment per day, and frequently cancels appointments.

OVERALL ANALYSIS:(relationship between problems, strengths, etc.)

The family lacks appropriate supports. There are few family members that are good supports for the family, and many of the parents' friends are also addicted to illegal substances. Mother and Father struggle to cut off relationships with unhealthy people. Father is unable to help with many parenting responsibilities, as his anxiety leaves him often unable to leave the house. Mother has assumed most of the responsibilities regarding the children, though she is often overwhelmed by this.

Note specific evidences supporting all High risk and Moderate risk conclusions and justify Unable to Assess ratings. You must provide conclusions regarding overall severity/risk based on all factors.

[name] and [name] are both rated as moderate risk due to their age and inability to care for themselves. [name] prior neglect is rated as moderate, as it is believed that some of his delays stem from neglect as a child, especially when mother would have been in active addiction.

Extend of emotional harm is rated as moderate risk for [name], due to his intense delays, some of which are attributed to the environment he grew up in.

[name's] emotional status is rated as moderate risk, as his anxiety is so debilitating he sometimes struggles to go outside.

[name] cooperation is rated as moderate risk because he has not attended drug screens or cooperated with the Father Engagement Specialist.

[name's] parenting skills are rated as moderate risk, as she gets overwhelmed by [name's] behaviors and needs, and does not know how to control his behavior.

[name's] alcohol is rated as moderate, because he has a history of alcohol abuse.

[name] and [name] access to children is rated as high, as they both are at home all day with the children and do not work.

Family supports is rated as moderate risk, as there are very few supportive family members involved in the family's life.

Stressors is rated as moderate risk, as father's anxiety, mother's recovery, and little [name's] special needs have caused a lot of stress for the family.

IDENTIFY CURRENT SAFETY PLAN:

No Safety Plan Required

RECOMMENDATIONS/CONCLUSIONS (Include recommendations for ongoing service, or recommendation for closure):

The family needs to obtain stable housing and financial stability. Mother needs to make appropriate appointments for [name] and attend them. She needs to sign [name] up for DART. Mother needs to continue participating in her drug treatment

Appendix B.3 - Unstructured Data in Service Logs – Conferencing and Teaming Facilitation and Case Management

Client ID	Client Name	Agency Name	Facility Name	Service Date	Notes/Comments
Redacted	Redacted	[agency name]	[facility name]	12/22/2017	This information was entered by a staff member of [agency name]. Start time: 1:15 PM End time: 1:45 PM Lead Training Coordinator had conferencing and teaming.
Redacted	Redacted	[agency name]	[facility name]	1/2/2018	This information was entered by a staff member of [agency name]. Start time: 9:30 AM End time: 10:00 AM Lead Training Coordinator had conferencing and teaming.
Redacted	Redacted	[agency name]	[facility name]	1/4/2018	This information was entered by a staff member at [agency name]. Start time: 1:15 PM End time: 1:30 PM Family Coordinator (FC) made an unsuccessful attempt to contact mother (M) by phone call. FC will make another attempt the following business day in order to schedule the next home visit.
Redacted	Redacted	[agency name]	[facility name]	12/19/2017	This information was entered by a member of [agency name]. Start time: 12:00 pm

					<p>End time: 12:15 pm</p> <p>Program Assistant (PA) made an unannounced visit with the family to introduce [program name] to the family. No one answered the door after PA knocked on the door for several times so PA left a note for the family, encouraging the family to contact PA.</p>
Redacted	Redacted	[agency name]	[facility name]	1/9/2018	<p>This information was entered by a member of [agency name].</p> <p>Start time: 10:45 am End time: 11:00 am</p> <p>Program Assistant (PA) sent letter to family to help introduce [agency name] services. PA will make an unannounced visit if a response is not returned within a week</p>
Redacted	Redacted	[agency name]	[facility name]	2/28/2018	<p>This information was entered by a member of [agency name].</p> <p>Start time: 1:30 pm End time: 1:45 pm</p> <p>Program Assistant (PA) made a initial phone call to introduce [agency name]to the family. Father (F) answered and Pa introduced self and [program name] services. F stated that he would like services to help him with utility assistance. F says that he needs help with light, gas and water bill. F says that he collect disability and that he takes his 7 yr. old daughter [name]to school everyday.</p>
Redacted	Redacted	[agency name]	[facility name]	12/19/2017	<p>This information was entered by a member of [agency name].</p>

					<p>Start time: 10:30 am End time: 10:45 am</p> <p>Program Assistant (PA) made a initial phone call to introduce [program name] to the family. Mother (M) answered and declined services at this time.</p>
Redacted	Redacted	[agency name]	[facility name]	2/1/2018	<p>This information was entered by a staff member at [agency name]. Start time: 9:45 am End time: 10:00 am</p> <p>Staff member entered case notes.</p>
Redacted	Redacted	[agency name]	[facility name]	12/5/2017	<p>This information was entered by a member of [agency name]. Start time: 4:30 pm End time: 4:45 pm</p> <p>Program Assistant (PA) made a initial phone call to introduce [program name] to the family. Mother (M) was not available PA left message for mother to call when available. PA will make another attempt later in the week</p>
Redacted	Redacted	[agency name]	[facility name]	12/8/2017	<p>This information was entered by a member of [agency name]. Start time: 3:15 pm End time: 3:30 pm</p> <p>Program Assistant (PA) made a initial phone call to introduce [program name] to the family. Mother (M) was not home and was asked to call back at another date and time.</p>

Redacted	Redacted	[agency name]	[facility name]	1/8/2018	<p>This information was entered by a staff member at [agency name]. Start time: 11:15 am End time: 11:30 am</p> <p>Staff member entered case notes.</p>
Redacted	Redacted	[agency name]	[facility name]	2/7/2018	<p>This information was entered by a staff member of [agency name].</p> <p>Start time: 4:00 PM End time: 4:15 PM</p> <p>Family Coordinator (FC) called the family to introduce the [program name] program and schedule the initial meeting. The mother answered the phone and scheduled the initial visit for 2/9/18 at 11:00 AM.</p>
Redacted	Redacted	[agency name]	[facility name]	2/15/2018	<p>This information was entered by a member of [agency name]. Start time: 12:15 pm End time: 12:30 pm</p> <p>Program Assistant (PA) received a phone call from [name] (M) asking for assistance from [program name]. PA introduced self and proceeded to inform M of [program name] services. M stated that she would like assistance with finding a new job. M also would like help with paying her past due rent. M reports losing her job resulting in a financial struggle. M also says that she received a letter on 2/12/18 that she would have ten days before any legal action would take place. M says she lives with her 15 yr. old daughter [name].</p>

Appendix B.4 – Unstructured Data in Social History Notes

Example 1:

The [name] family came to the attention of OCYF after a report was received that 2 year old [name] was pronounced dead at [hospital name]. Investigation of the family identified factors that contributed to the C's ingestion of an illegal substance thus leading to her death.

Example 2:

Mother reports that she grew up in the [place name] area and graduated from [school name]. After High School she pursued secondary education at [school name] eventually graduating with a degree in [degree]. Mother reported that she and [name's] alleged father, [name], were not a couple and that no DNA testing had been done but that the "timing" was right. Mother had moved to [place name] at one point following her sister there but returned to [place name] a few months later. Upon her return, she met [name] through her sister's paramour and the two quickly became engaged and married. [name] was born in 2016. [name] stated that [name] was not present during her pregnancy as he was in and out of rehab for a heroin addiction. [name] also alleges several instances of domestic violence between them, resulting in her asking for him to leave the home. She stated that he often begged and manipulated her into allowing him to return home. She says that things would be going well between them for awhile and then she would get indications that he was using drugs, or the domestic violence would begin again and she would ask him to leave. She did file for divorce in early 2017, but did not follow thru until January of 2018.

[name] has two other children who he lost custody of in another county due to his drug abuse. He admits to having been in and out of rehab facilities and insists that he is "clean" at this time. He was working at [store name], a pizza restaurant in the [place name] Area until his arrest for EWOC and assault in regard to [name's] injuries. [name] has a criminal record in regard to various traffic violations, and drug possession charges. [name] denies causing harm to [name] and denies physical altercations with mother, although he does allege that they had verbal altercations.

Mother's oldest child [name] attends school at [school name] and therapy at [provider name]. He is diagnosed with ADD

Example 3:

CW spoke with [name], medical assistant of [name] M.D. & Associates to obtain PCP collateral information for [name]. CW asked to speak with an R.N. and was informed by [name] that she has provided collateral information to the agency for the past twelve years and there were no nurses in the office.

1st visit: July 14, 2017. C was 3 weeks old and brought by her M. C spent 3 weeks in the NICU and weighed 3lbs 9oz at birth. During this visit, the C was medically examined by Dr. [name]. She weighed 4 lbs 8oz, 18.5 inches long, and 33cm head circumference. There were no concerns noted.

2nd visit: July 28, 2017. C was seen for a 1 month appointment. C was brought by M. During this visit, the C was medically examined by Dr. [name]. She weighed 5 lbs 4 oz, 19.5 inches long, 34.5 head circumference. Noted: Upper gum cleft, C was referred to ENT at CHP.

3rd visit: August 10, 2017. Weight check appointment. C was brought by M. M reported 12 wet diapers and 3-4 soiled diapers/day. She weighed 6lbs 2 oz, 19.5 inches long, 36 cm head circumference. During this visit, the C was medically examined by Dr. [name]. No information about ENT.

4th visit: August 25, 2017. C was seen for a 2 months appointment. She was brought by M. During this visit, the C was medically examined by Dr. [name]. She weighed 6lbs 14oz, 21 ¾ inches long, 38 cm head circumference. The C was given the following vaccines: DTaP, Hib, Polio, Prevnar, Rota. No concerns noted.

5th visit: September 21, 2017. C was brought in for concerns of crankiness and not eating. C brought by M. M reported 10 wet diapers/day. C was 7lbs 15 oz. M was feeding C 3 oz every 3 hours. She was instructed to cut down the feedings to 2.5 oz every 3 hours. Noted: Fussiness over feeding. Baby calmed down after. Appeared happy. Gerd. During this visit, the C was medically examined by Dr. [name]

6th visit: October 23, 2017. 4-month-old visit. C was brought by M. M reported 10-12 wet diapers and 3 soiled diapers/day. C was eating 5 oz every 3-4 hours. Neosure Formula. C received her 4 month vaccinations. Referred to early intervention for preemie and torticollis. During this visit, the C was medically examined by Dr. [name]. Noted: Plagiocephaly

7th visit: November 7, 2017. The C was brought by M and F due to concerns of not sleeping, eating, crying, raspy voice, runny nose, liquid stool. C weighed 10 lbs 4 oz (only weight was taken) Noted: upper infection, return as necessary. No medication prescribed, use OTC saline nose drops. While obtaining this collateral, [name] reported that there was nothing mentioned as to the parent/child or parent/parent interactions during the visits.

CW contacted the general number for the [provider name] and was given instruction to fax a copy of the ROI to the attention of [name]. CW faxed the ROI and called to speak [name] who reported that she was the operations director. [name] stated that the child's service coordinator(SC) [name] is having a difficult time with her death therefore she would provide the requested information to the best of her ability by looking in the system.

The child was referred for services in August 2017 by the PCP with concerns due to the shape of her head and tightness to one side of her neck. The record was opened and the intake process began in the state system on 08/16/2017. SC visited the home at the end of September and completed an ASQ to look at the tightness and head shape to rule out torticollis. The C's mother had concerns about these areas and was given exercises for tummy time.

At the end of October 2017, SC completed a visit and did another ASQ. M had paperwork from the PCP about torticollis. The PCP recommended that the C begin physical therapy to avoid having to wear a helmet. [name] advised CW to check with the PCP to confirm if torticollis was formally diagnosed. On 11/6/2017, the SC referred the C for a full evaluation. This meant that the C would be transferred to an evaluator to see what services she would be eligible for. [name] stated that this was the last action taken as the C's mother called the following week to inform them of her passing.

[name] stated the child was screened monthly. She reported that a paper copy of the R &R's (results and recommendations) would be sent via mail for review.

[name] - 8th grade student, home schooled with no special needs. [name] has fed the C about of times

but due to being a teenager, he would quickly give her to an adult if she whimpered. [name] called MGM to say that police were inside the home.

[name] - 2nd grade student at [school name]. She was the "mother hen" and would pick of the C's clothes and ask to hold her. [name] left out the home on 11/12/2017 with her F at around 12:00pm to go to [store name].

Appendix B.5 – Unstructured Data in Court Summaries

Dependency Petition:

Grounds for Dependency:

1. This family was referred to Allegheny County OCYF on 9/9/16 after child [name] was admitted to [hospital name] in serious condition with a suspected ingestion of Subutex. [name] was required to have a follow up appointment which was rescheduled by the family several times due to reported transportation concerns. He is also behind in his well child visits but is scheduled to completed his 3 year well child visit on 01/25/2017.
2. The family was originally referred to Allegheny County OCYF on 2/28/14 with concerns about inadequate care, substance use by the parents and mental health concerns. The family could not be located in Allegheny County, was believed to be residing in [place name], and was referred there. [place name] rereferred to Allegheny County OCYF on 4/28/14, after it was determined that the family was residing in Allegheny County. The referral was closed after mother was found to be residing with maternal grandmother, father was incarcerated, and mother was involved with treatment services.
3. The family was referred to OCYF on 9/14/15, with concerns about drug use (specifically marijuana and crack cocaine by both parents, but noted a history of heroin use by mother). The referral was closed as the concerns could not be validated.
4. The family was again referred to Allegheny County OCYF on 12/26/15, after said child, [name] was injured while riding an ATV with father. Father was believed to be under the influence of alcohol at the time of the incident. Mother was also reported to be intoxicated at the time and initially declined medical care for said child, [name].
5. The family had been accepted for services and the case closed after mother secured housing, was participating in treatment, and appeared to providing appropriately for [name].
6. Mother is currently participating in Suboxone treatment ARS and outpatient treatment through [program name] to address her prior addiction issues. It has been recommended that she might also benefit from participation in group therapy.
7. Father is reported to have significant issues with anxiety and reports he is not in mental health treatment at this time.
8. Father has requested assistance with securing drug and alcohol treatment services, but has failed to be present for four scheduled appointments (11/21/16, 11/30/16, and 01/09/17) for an updated evaluation through [provider name]. It was reported to OCYF that father has rescheduled his [provider name] evaluation for 01/27/17
9. Mother and Father were unable to complete a urine screen upon request at court on 01/12/17. An additional screen was called in on 01/18/17 and they did not attend this screen. [program name] however has reported that mother completed a random screen on 01/11/17 and there was no sign of relapse at that time. [program name] has reported that on 01/07/17 a random screen was administered and mother was unable to provide a sample.

Petition Hearing Summary:

Summary of Services and Casework Activities

OCYF made a referral for [provider name] on September 16, 2016, and for in-home services on October 6, 2016.

The family continues to be active with in-home services. In-home services has continued to make efforts to search for new housing with the family. Transportation assistance through in-home services is available to the family. The family also continues to be active with [provider name].

A [provider name] referral was made for mother, [name] on September 19, 2016 and for father, [name] on October 18, 2016.

[provider name] evaluations for father were scheduled for November 21, 2016, December 12, 2016, January 9, 2017, and January 27, 2017. Drug screens were called in for [name] and [name] on 01/12/17, 01/18/17 and 01/24/17.

After the results of mother's screen on 01/24/17 mother was directed to not have children alone with father who did not show to his screen.

OCYF scheduled and completed an initial conference on October 12, 2016 and a teaming meeting on November 28, 2016 both in the family home.

On November 21, 2016 OCYF made a referral to the Father Engagement Specialist.

An [provider name] referral was also made in November to have child [name] evaluated.

Summary of Family's Progress in Reaching the Objective

The family has been mostly cooperative with in-home services through [provider name] and has met with [provider name] as requested. The family is currently residing at paternal great grandfather's home as their apartment was having plumbing issues not addressed by their landlord. The family is searching for their own housing at this time.

Mother completed her [provider name] evaluation on October 27, 2016 and remains active and compliant with ARS suboxone treatment and [program name] individual therapy. Mother did not attend her screens on 01/12/17 and 01/18/17. Additionally [program name] reported she did attend their random screen on 01/11/17 but did not produce a sample at her next scheduled screen. Mother attended her screen on 01/24/17 and tested positive for suboxone only. Mother attended her conference and her teaming and has submitted the paperwork needed for [program name]. Mother also had [name] complete his 3 year well child on 01/25/17 and [name's] one-month appointment on 01/21/17 both after some rescheduling due to reported transportation concerns.

Father did not attend his 5 scheduled [provider name] evaluations or his 5 scheduled urine screens. Father reported on 01/09/17 that he did not wish to complete his [provider name] evaluation because

he knew that [provider name] would expect him to do a random screen. He is not in drug and alcohol treatment at this time. Father has been cooperative in meeting with the father engagement specialist.

Permanency Review Addendum

Summary of Services and Casework Activities

This caseworker has regularly visited [name] and [name] at the home of their kinship caregiver. This caseworker has maintained contact with mother, and has attempted to engage father. This caseworker has attempted to locate resources to which the family could be referred in [place name]. This caseworker has engaged the family in conferencing and teaming. OCYF has provided transportation assistance when applicable.

Summary of Family's Progress in Reaching the Objective

[name] and [name] remain in the kinship home of [name] and [name], in [place name]. [name] began [program name] in January after an opening became available. He attends every day for several hours. He receives speech services through the [program name] program. He and his mother have attended [program name] through the [provider name] in [place name]. [name] is making great progress in his speech and development. His kinship family reports that his behavior is not an issue.

[name] was evaluated by [provider name] in [place name], and they determined that she is not in need of physical therapy services any longer. They will continue tracking her. She has begun walking and talking now and is up to date medically. There are no health concerns after her hospitalization in October.

Mother, [name], has continued to maintain her housing in [place name]. This caseworker was able to assess the home and it is appropriate for the family to reside in. Mother is employed at [store name] in [place name]. She had been meeting with [program name], and her counselor, [name], reported that [name] was stable in her recovery and [name] was engaged in her treatment. [name] helped mother transfer her services to [place name], where she completed an assessment with [provider name]. She was recommended to attend one dual-diagnosis appointment every three weeks.

Mother has subsequently attended her ongoing appointments. Mother completed drug screens through her treatment providers on 12/5, 12/20, 1/8, and 1/22. [program name] reported that her screen on 12/5 was positive (but not for opioids), and [name] acknowledged using marijuana. Subsequent screens have been clean for all substances.

Mother has been visiting the children regularly at the home of the kinship caregiver, supervised. There are no issues reported with her visits. She is engaged in the children's day to day lives and medical appointments.

Father's communication since the last court hearing has been inconsistent. Following the last hearing, he was arrested (for charges related to [name's] hospitalization in October) and spent several days in Allegheny County Jail. This caseworker has driven to father's alleged residence in [place name] several times for scheduled meetings, but each time father was not home and did not answer his phone. This caseworker explained the court order to father, and asked father to complete a mental health assessment, a drug and alcohol assessment, and visit his children at CYF. Father reported that he would

not be able to attend visits due to transportation barriers. This caseworker attempted to deliver gas cards to father but was unable to meet with him. This caseworker mailed the gas cards to father's alleged address (at his parents' home in [place name]).

Father reported that he had attended in patient psychiatric treatment in December, and completed a mental health assessment in January, but did not sign a release or provide any further information. Father reported that he had an appointment to complete a drug and alcohol assessment, and did not need a [provider name] referral.

This caseworker set up visits for father at OCYF-[place name] office every Monday from 4-5 p.m. This caseworker asked father to confirm by 11 a.m. the day of the visit, otherwise the kinship caregiver would not transport the children down from [place name]. Father has not yet attended a visit. Father was referred to the Father Engagement Specialist in the past, but declined to work with her. Mother and father have reported that they have not been in a relationship since the children entered placement. On January 1, 2018, both mother and father were arrested after a domestic dispute. Mother reports that father showed up drunk and got into a fight with her. Police reports show that mother refused to talk to the police at the time of the incident, but the charges were eventually dropped. Father was incarcerated in [place name] for several days after this incident. His charges were also dropped. Currently, all parties in this case reside in [place name], and the family's services have all been transferred to [place name]. Due to this, OCYF feels that it would most benefit the family to have the case transferred to [place name], so that the family can have a caseworker more knowledgeable about the resources available to them in the county.